


SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
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3 COMMITTEE NAME
Addison Way Forward

4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3887 Ridgelake Ct. Addison, TX 75001	OFFICE USE ONLY 
Date Received		

5 CAMPAIGN TREASURER NAME	MC / MRS / MR FIRST MI James F.	<table border="1" style="width:100%"> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td>Date Processed</td> <td></td> </tr> <tr> <td>Date Imaged</td> <td></td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$							
Date Processed								
Date Imaged								
	NICKNAME LAST SUFFIX Jim Duffy							

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
**3887 Ridgelake Ct
Addison, TX 75001**

7 CAMPAIGN TREASURER MAILING ADDRESS
STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 Change of Address
**3887 Ridgelake Ct.
Addison, TX 75001**

8 CAMPAIGN TREASURER PHONE
AREA CODE PHONE NUMBER EXTENSION
(972) 998-5078

9 REPORT TYPE

<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Dissolution Report (Attached PAC-FR)
	<input type="checkbox"/> Runoff	<input type="checkbox"/> 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year	THROUGH	Month Day Year
02 / 11 / 2026		03 / 27 / 2026

11 ELECTION

ELECTION DATE Month Day Year 05 / 02 / 2026	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____
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GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

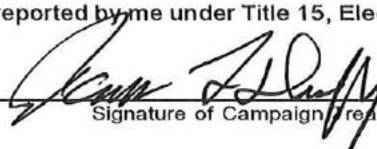
FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Addison Way Forward 13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE/OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION / #
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month Day Year <u>Addison DART Election 05/02/2026</u> DESCRIPTION <u>Vote YES to stay in DART</u>

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 275 ⁰⁰ / _{XX}
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,099 ⁰⁰ / _{XX}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 134 ³⁶ / _{XX}
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,582 ⁹⁰ / _{XX}
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,560 ⁵⁷ / _{XX}
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ ∅

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


 Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

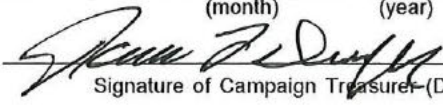
 OR

(2) Unsworn Declaration

My name is James F. Duffy, and my date of birth is _____

My address is 3887 Ridgeland Ct. (street), Addison (city), TX (state), 75001 (zip code), USA (country)

Executed in Dallas County, State of Texas, on the 30th day of March, 2026.
 (month) (year)


 Signature of Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>Addison Way Forward</i>		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>9,099⁰⁰/_{xx}</i>
2. <input type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$ <i>500⁰⁰/_{xx}</i>
5. <input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE E: LOANS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>4,582⁹⁰/_{xx}</i>
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME <i>Addison Way Forward</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>See attached supplemental Schedules A1</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

ITEMIZED CONTRIBUTIONS SUPPLEMENTAL SCHEDULE A1

Date	Amount	Name		Address			
2/26/26	\$ 500.00	Jim Duffy		[REDACTED]	Addison 75001		
2/26/26	\$ 500.00	Ron Whitehead		[REDACTED]	Addison 75001		
2/27/26	\$ 500.00	Nancy Craig		[REDACTED]	Dallas, TX 75225		
3/1/26	\$ 500.00	Guillermo Quintanilla, Jr.		[REDACTED]	Addison, TX 75001		
3/3/26	\$ 500.00	Nancy Williams		[REDACTED]	Addison TX 75001		
3/5/26	\$ 500.00	Eileen Resnik		[REDACTED]	Addison TX 75001		
3/5/26	\$ 1,000.00	Tom & Anita Braun		[REDACTED]	Addison, TX 75001		
3/14/26	\$ 200.00	Mary Dolan		[REDACTED]	Dallas, TX 75220		

ONLINE CONTRIBUTIONS SUPPLEMENTAL SCHEDULE A1

Date	Amount	First Name	Last Name	Address	City	State	ZIP Code
3/21/26	\$ 50.00	James	A Peck		Addison	TX	75001-5042
3/21/26	\$ 200.00	Jimmy	Niemann		Dallas	TX	75254-7673
3/20/26	\$ 100.00	Armando	Gallardo		Addison	TX	75001
3/20/26	\$ 200.00	Charles	Green		Addison	TX	75254-7633
3/19/26	\$ 100.00	Al	CIOFFI		Addison	TX	75001-4951
3/18/26	\$ 500.00	Todd	Meier		Plano	TX	75024-7539
3/16/26	\$ 500.00	Denise	Fansler		Addison	TX	75001-7915
3/16/26	\$ 300.00	Tyler	Wright		Addison	TX	75001
3/16/26	\$ 500.00	Daryl	Snadon		Addison	TX	75001-4503
3/16/26	\$ 25.00	Daniel	Marold		Flower Mound	TX	75022-4545
3/16/26	\$ 50.00	Richard	Terry		Midlothian	TX	76065-2858
3/15/26	\$ 100.00	Kelli	Heinzerling		Addison	TX	75001-7921
3/15/26	\$ 200.00	Ronald Scott	Wheeler		Dallas	TX	75254-7650
3/15/26	\$ 100.00	Ray	Ryland		Addison	TX	75001-4413
3/15/26	\$ 25.00	Boris	Yarmulnik		Addison	TX	75001
3/14/26	\$ 50.00	Maxey	Goold		Carrollton	TX	75006
3/14/26	\$ 50.00	Mary	Redmond		Addison	TX	75001-7970
3/14/26	\$ 100.00	Bill	Keslar		Dallas	TX	75240-5049
3/13/26	\$ 200.00	Glynda	Turner		Huntsville	TX	77340-2380
3/13/26	\$ 100.00	Robert	Lapp		Colleyville	TX	76034-1229
3/13/26	\$ 50.00	Mary	Reed		Addison	TX	75001
3/12/26	\$ 100.00	Dr. Jay M.	Ihrig		Addison	TX	75001
3/12/26	\$ 50.00	Robin	Moss		Addison	TX	75001-3109
3/12/26	\$ 200.00	Lorrie	Semler		Addison	TX	75001-4912
3/10/26	\$ 149.00	Zackary	Smutzer		Addison	TX	75001
3/10/26	\$ 200.00	Glynda	Turner		Huntsville	TX	77340-2380
3/9/26	\$ 100.00	Sharon	Hirsch		Addison	TX	75001

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C1: 1
2 FILER NAME Addison Way Forward		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/26	5 Corporation / Labor Organization name JCCLC INC	7 Amount of contribution (\$) \$500.00
	6 Corporation / Labor Organization address; City; State; Zip Code 4848 Belt Line Rd Dallas, TX 75254	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
	Corporation / Labor Organization address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Addison Way Forward	3 Filer ID (Ethics Commission Filers)
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4 Date 03/17/2026	5 Payee name Valentine Direct Marketing LLC
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6 Amount (\$) \$1,932.26	7 Payee address; City; State; Zip Code 14243 Proton Rd. Farmers Branch, TX 75244
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description yard signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-11-26	Payee name USPS
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Amount (\$) \$546.00	Payee address; City; State; Zip Code 4900 Airport Parkway Addison, TX 75001
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-13-26	Payee name USPS
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Amount (\$) \$234.00	Payee address; City; State; Zip Code 4900 Airport Parkway Addison, TX 75001
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Postage	Description stamps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Addison Way Forward	3 Filer ID (Ethics Commission Filers)
4 Date 3-16-2026	5 Payee name Print Place	
6 Amount (\$) \$1,037.58	7 Payee address; City; State; Zip Code 1130 Avenue H East Arlington, TX 76011 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Door Hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-9-26	Payee name Office Machines Inc.	
Amount (\$) \$365 ³⁴/_{xx}	Payee address; City; State; Zip Code 15910 Midway Rd, Addison, TX 75001 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3-12-2026	Payee name Office Machines Inc	
Amount (\$) \$48 ⁷¹	Payee address; City; State; Zip Code 15910 Midway Road Addison, TX 75001 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Addison Way Forward	3 Filer ID (Ethics Commission Filers)
4 Date 03-13-2026	5 Payee name Office Machines Inc	
6 Amount (\$) 165⁰⁹	7 Payee address; City; State; Zip Code 15910 Midway Road Addison TX 75001 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description letters
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-11-2026	Payee name Clampitt Paper Company	
Amount (\$) \$123⁵⁵/₁₀₀	Payee address; City; State; Zip Code 14540 Midway Farmers Branch TX 75244 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Paper & stickers
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03-16-2026	Payee name Clampitt Paper Company	
Amount (\$) \$46⁰²/₁₀₀	Payee address; City; State; Zip Code 14540 Midway Farmers Branch TX 75244 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Paper
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED